



# TOWN OF LOS GATOS

## RENT ADVISORY COMMITTEE APPLICATION

Submit to: Clerk Department

110 East Main Street, P.O. Box 949, Los Gatos, CA 95031

Telephone: (408) 354-6834 • Fax: (408) 354-8431 • Email: [clerk@losgatosca.gov](mailto:clerk@losgatosca.gov)

**Please type or print legibly**

* Last Name: _____	* First Name: _____
* Address: _____	* City: _____ * Zip: _____
* Home Phone: _____	Work Phone: _____
Email: _____	Fax: _____
Present Employer: _____	Job Title: _____
Length of Residency in Los Gatos: _____	
* If appointed, this information will be made available to the public.	

Previously Held Elected or Appointed Governmental Positions	Position/Office Held	Dates
Civic or Charitable Organizations You Have Belonged To	Position/Office Held	Dates
Schools Attended/Attending	Major Subject and/or Grade Level	

A separate application is required for each Commission. Please list other Commissions you are applying to:

\_\_\_\_\_

\_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Name of applicant: \_\_\_\_\_

Please check the appropriate box:

- ☐ I am a property owner who owns a property with three or more units, located in the Town of Los Gatos.
- ☐ I am an owner or representative of a mobile home park located in the Town of Los Gatos.
- ☐ I rent a unit in a residential complex with three or more units, located in the Town of Los Gatos.
- ☐ I reside in a mobile home park located in the Town of Los Gatos.
- ☐ I am applying as a neutral member who does not own investment property in the Town, but who owns and resides in a home in the Town of Los Gatos.

1. Why are you interested in serving on the Rent Advisory Committee? \_\_\_\_\_

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2. Have you ever attended a Rent Advisory Committee meeting? \_\_\_\_\_. If so, please provide a summary of your observation of the meeting. \_\_\_\_\_

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3. If you were appointed to the Rent Advisory Committee, what would you perceive to be your role? \_\_\_\_\_

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4. What changes, if any, would you like the Rent Advisory Committee to pursue to the Town's Rental Dispute Resolution policies or procedures? \_\_\_\_\_

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Name of applicant: \_\_\_\_\_

5. What do you believe should be the goal of the Town's Dispute Resolution Program? \_\_\_\_\_

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6. Tell us about your experiences with the Town's Rent Dispute Resolution Program. \_\_\_\_\_

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